

# San Diego Adult Drug Court Enhanced Program (Jumpstart) — Annual Report

Final Report 2011-13



## Client Baseline Demographics and Group Characteristics

Drug Courts are judicially-supervised courts that provide nonviolent, drug-addicted individuals treatment under closer supervision than other community-based programs.

It is known that offenders with severe substance use disorders have relatively high rates of affective, anxiety, and personality disorders. Thus, the target population for San Diego's Adult Drug Court Enhanced Program (Jumpstart) is comprised of adult drug court participants with a co-occurring mental health disorder enrolled in the Central Division of San Diego's Adult Drug Court System. Two hundred twenty-four (224) total clients were admitted to the program since the program began in March 2011.

The Jump Start Dual Recovery Track enhancements use motivational interviewing and relapse prevention techniques to increase retention within the first 90 days of the program.

Comprehensive wrap-around services, combined with services specifically designed to meet the needs of those with co-occurring disorders are provided. The Global Appraisal of Individual Needs (GAIN) is administered to assess comprehensive biopsychosocial factors.

The table to the right describes characteristics and outcomes of clients enrolled in San Diego's Adult Drug Court Enhanced Program during the entire grant period. The program's target population goals are included for comparison.

Over one third (38.0%) of clients reported having experienced moderate or high levels of traumatic stress, while the majority reported having experienced a moderate or high level of victimization (80.3%). The majority of clients reported moderate or high sexual risk (83.9%).

DEMOGRAPHIC CHARACTERISTICS	TARGET POPULATION	TOTAL CLIENTS N (%)
<b>Number of Clients</b>		224
<b>Age (Mean)</b>		37.3
18-25	28.0%	39 (17.4%)
26-49	60.0%	148 (66.1%)
50+	12.0%	37 (16.5%)
<b>Gender</b>		
Male	63.0%	157 (70.1%)
Female	37.0%	67 (29.9%)
<b>Sexuality</b>		
Heterosexual	50.0%	179 (79.9%)
Gay/Lesbian or Homosexual	10.0%	6 (2.7%)
Bisexual	40.0%	9 (4.0%)
Unknown		30 (13.4%)
<b>Race</b>		
Asian	7.0%	10 (4.5%)
Black/African American	25.0%	43 (19.2%)
White/Caucasian	40.0%	100 (44.6%)
American Indian	1.0%	2 (0.9%)
Pacific Islander	1.0%	0 (0%)
Hispanic/Latino	14.0%	31 (13.8%)
<i>If Hispanic/Latino: Mexican</i>	14.0%	31 (13.8%)
Multiracial	5.0%	32 (14.3%)
Other	7.0%	6 (2.7%)
<b>Veteran</b>	7.0%	10 (4.5%)
<b>Low-income (below poverty line)</b>	100.0%	118 (52.7%)
<b>Homeless</b>	45.0%	103(46.0%)
<b>Physical Disability</b>	5.0%	15 (6.7%)
<b>Dually-diagnosed</b>	20.0%	146 (65.2%)
<b>Criminal Justice System Involvement</b>	100.0%	
Court/Probation/Parole		13 (5.8%)
Correctional Institution past 90 days/current		210 (93.8%)
<b>Victimization</b>	50.0%	
Ever been victimized		179 (79.9%)
Victimized in past year		40 (17.9%)
Victimized in past 90 days		20 (8.9%)
Current worries about being victimized		17 (7.6%)

Additional Characteristics	LOW		MODERATE		HIGH	
Total Clients	N	%	N	%	N	%
<b>Traumatic Stress</b>	139	62.1%	21	9.4%	64	28.6%
<b>General Victimization</b>	44	19.7%	54	24.2%	125	56.1%
<b>Sexual Risk</b>	35	15.7%	144	64.2%	44	19.7%

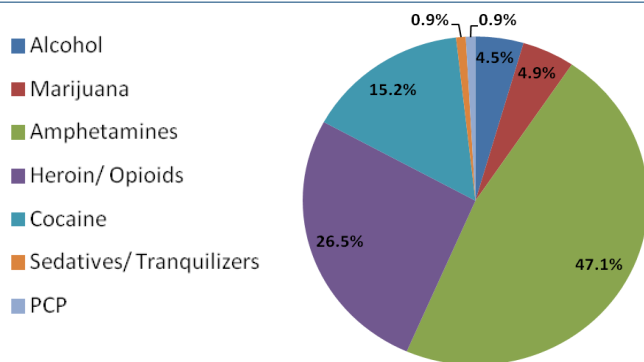
Notes. Total clients include those admitted to the program between 3/2011 and 9/2013. The Target Population column shows the program's goals for populations served. Number of homeless clients derived from the Cal-OMS system 12/10/13.

## Living Conditions, Educational, and Employment Status

- At pre-entry the majority of clients were unemployed (75.0%). The proportion of unemployed clients decreased at each follow-up.
- Almost half of all clients (46.0%) were homeless at pre-entry, and no clients were homeless at the follow-up assessments.
- Most other clients reported living on their own (41.5%) at pre-entry.

	PRE-ENTRY N (%)	3-MONTHS N (%)	6-MONTHS N (%)	12-MONTHS N (%)
<b>Employment/Educational Status</b>				
Full-Time Work	24 (10.7%)	51 (27.9%)	46 (29.9%)	41 (41.8%)
Part-Time Work	17 (7.6%)	28 (15.3%)	29 (18.8%)	27 (27.6%)
Unemployed	168 (75.0%)	38 (20.8%)	26 (16.9%)	6 (6.1%)
In School/Training Only	1 (0.4%)	4 (2.2%)	5 (3.2%)	3 (3.1%)
Jail/Prison	0 (0%)	48 (26.2%)	37 (24.0%)	15 (15.3%)
Other	14 (6.3%)	14 (7.7%)	11 (7.1%)	6 (6.1%)
<b>Living Situation</b>				
Own/Rent	93 (41.5%)	58 (31.7%)	55 (35.7%)	51 (52.0%)
Live with Family/Friends	38 (17.0%)	19 (10.4%)	15 (9.7%)	9 (9.2%)
Hospital/Residential Treatment	2 (0.9%)	11 (6.0%)	14 (9.1%)	0 (0%)
Correctional Institution	11 (4.9%)	46 (25.1%)	43 (27.9%)	16 (16.3%)
Unsupervised Dormitory	72 (32.1%)	48 (26.2%)	26 (16.9%)	22 (22.4%)
Homeless	103 (46.0%)	0 (0%)	0 (0%)	0 (0%)
Other	8 (3.6%)	1 (<1%)	1 (<1%)	0 (0%)
<b>Total</b>	<b>224</b>	<b>183</b>	<b>154</b>	<b>98</b>

Note. Number of homeless clients derived from the Cal-OMS system 12/10/13. All other numbers derived from Chestnut Health Systems GAIN assessments, therefore living situation numbers at pre-entry do not add up to total clients or 100%.



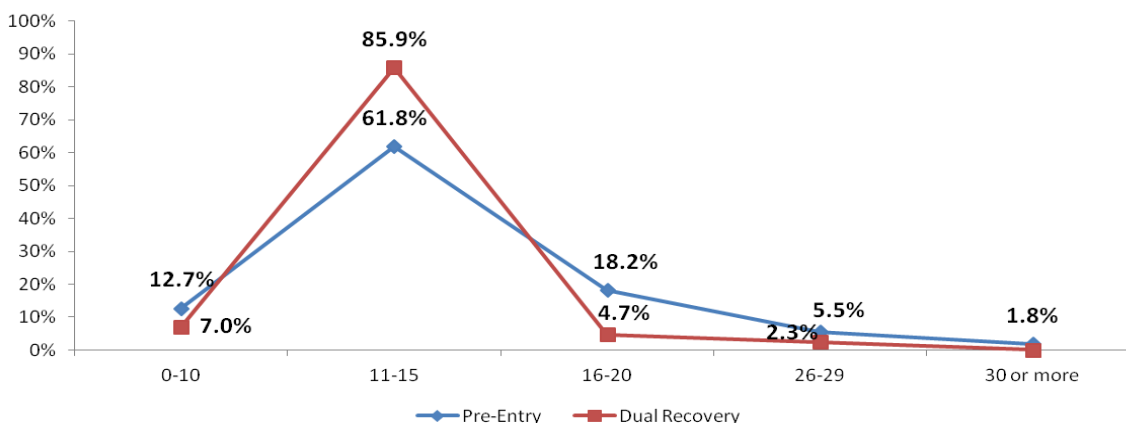
## Substance Treatment Needs

The greatest client substance treatment needs at intake were for amphetamine (47.1%), heroin/opioids (26.5%), and cocaine (15.2%) use. About half of clients (51.8%) had only a primary substance treatment need. For those with additional substance treatment needs, alcohol, marijuana, and amphetamine treatment were the most common secondary substance needs. At intake, on average, clients reported no alcohol use for 38.0 days, and no drug use for 30.8 days.

## Level of Services Received

**All clients are considered Pre-Entry up to 30 days prior to admission into the Drug Court program. Clients with a dual diagnosis receiving both mental health and AOD treatment services become part of the Dual-Recovery enhancement track of the program. All other clients with a substance use disorder receiving AOD treatment only remain Drug Court "Pre-Entry clients."**

One hundred forty-six (65.2%) clients were dually-diagnosed and included in the Dual-Recovery track, while 78 (34.8%) clients remained Pre-Entry. The total number of services received by both groups were summed and categorized to examine the level

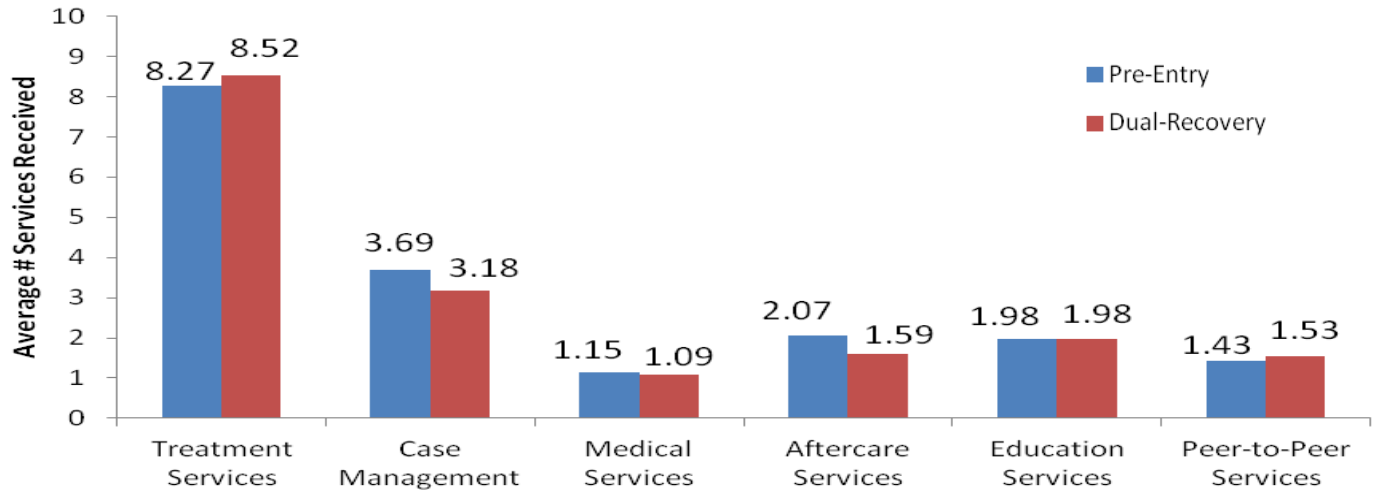


of services received by clients in both tracks. No significant difference was found in the average number of services received by pre-entry and dual-recovery clients (18.5 vs. 17.9, respectively).

Note. Level of Services included 78 Pre-Entry and 146 Dual Recovery track clients.

## Types of Services Received

The chart below presents the average number of services received by clients. There were no significant differences in the types of services received by pre-entry and dual-recovery clients. Treatment services included screening, assessment, treatment/recovery planning, individual counseling, and group counseling. Case Management services included family services, child care, and employment services. Other services utilized by clients included alcohol/drug testing (medical services), relapse prevention (aftercare services), substance abuse education, and peer coaching and mentoring.



Note. Services data available included 53 Pre-Entry and 128 Dual Recovery track clients.

## Linkages

Linkages and referrals for the majority of clients in both tracks at intake included interventions for sexual behavior risk reduction, tobacco cessation, wrap-around or case management services, and residential treatment to reduce recovery environment risk. The majority, or most, Dual-Recovery clients also received referrals for financial counseling (77.4%), employment placement (54.1%), risk reduction of needle use (44.5%), and anger management intervention (33.6%).

Referral To:	Pre-Entry n (%)	Dual-Recovery n (%)
Methamphetamine or other medication withdrawal and relapse	1 (1.3%)	5 (3.4%)
Medication (non-opioid) withdrawal and relapse	0 (0%)	6 (4.1%)
Treatment of infectious diseases	1 (1.3%)	3 (2.1%)
Tetanus shot	14 (17.9%)	28 (19.2%)
Risk reduction of needle use	15 (19.2%)	65 (44.5%)
Risk reduction of sexual behavior	68 (87.2%)	127 (87.0%)
Tobacco cessation intervention	57 (73.1%)	111 (76.0%)
Eating disorder intervention	1 (1.3%)	11 (7.5%)
Anger management intervention	7 (9.0%)	49 (33.6%)
Wrap-around or case management services	65 (83.3%)	137 (93.8%)
School or GED program	10 (12.8%)	31 (21.2%)
Vocational counseling or employment placement program	23 (29.5%)	79 (54.1%)
Financial counseling	34 (43.6%)	113 (77.4%)
Pathological gambling intervention	2 (2.6%)	12 (8.2%)
Residential treatment to reduce recovery environment risk	62 (79.5%)	129 (88.4%)
Follow-up for cognitive impairment reasons	0 (0%)	1 (0.7%)
<b>Total Clients</b>	<b>78</b>	<b>146</b>

Note. Percentages were calculated with available referral data of 78 Pre-Entry clients and 146 Dual-Recovery clients.

## Client Outcomes

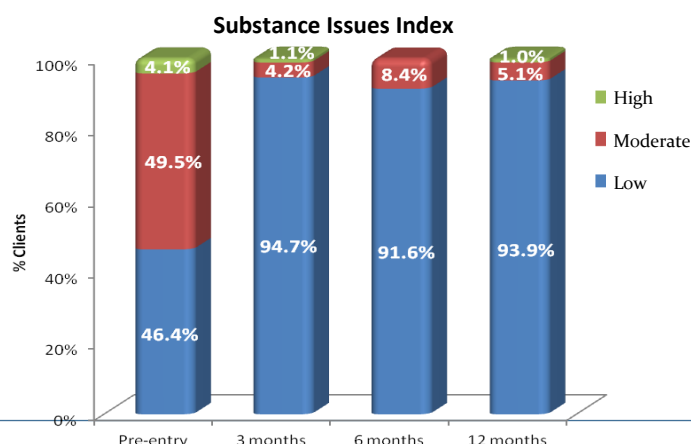
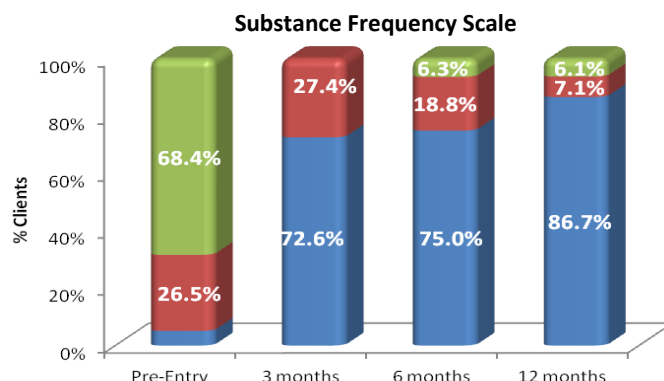
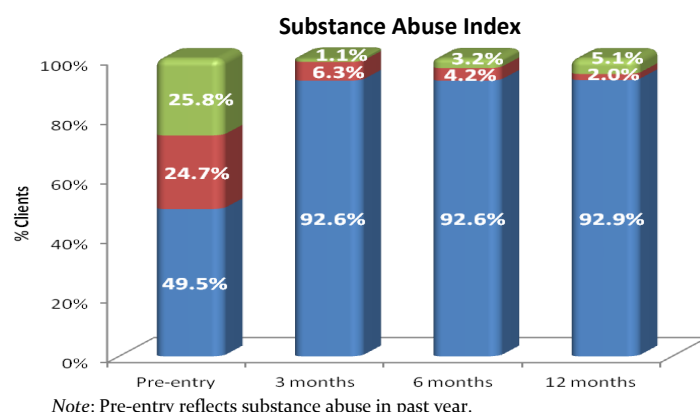
The information presented in the following pages compares clients' pre-entry (baseline) data with 3-, 6-, and 12-month assessment data. Clients were classified into 'low', 'moderate', or 'high' groups based on their scale scores. Baseline data for new clients in the 4th quarter are also included. Mean scale scores were also compared across assessments to determine if changes in outcomes were statistically significant.

Assessment Time Period	N	%
<b>Pre-entry (Baseline)</b>	224	100.0%
<b>3-month Follow-up</b>	183	81.7%
<b>6-month Follow-up</b>	154	68.8%
<b>12-month Follow-up</b>	98	43.8%

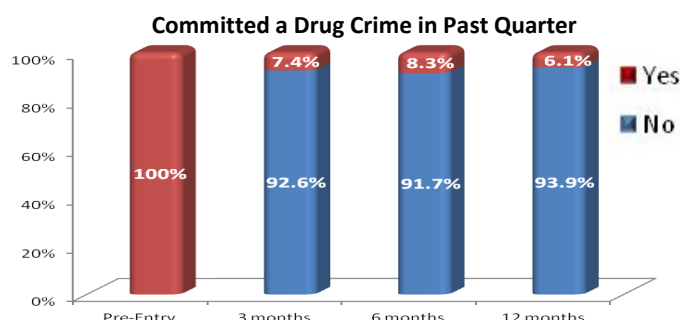
Notes: Final follow-up rates.

## Substance Abuse

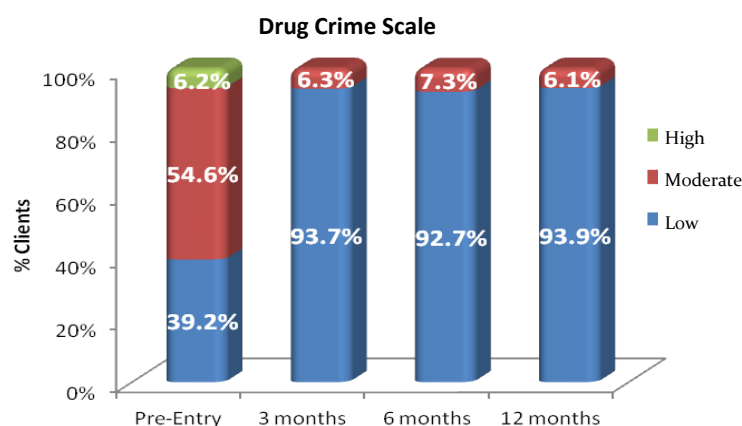
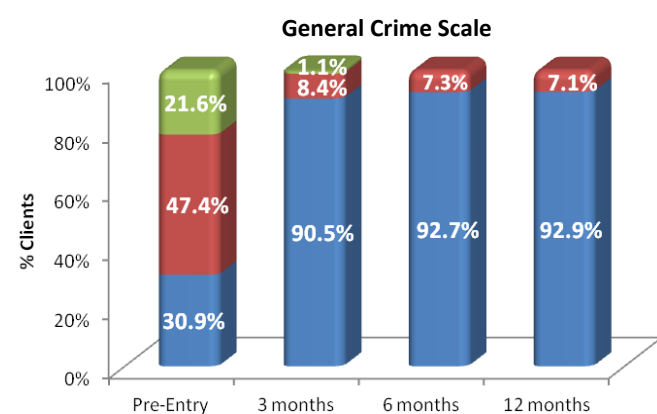
The majority of clients experienced moderate to high substance use-related problems prior to program enrollment. The substance scales measure the severity of problems related to substance use that clients reported in the previous month. Higher scores on all scales represent greater severity of substance use related problems. Substance scale mean scores decreased significantly from pre-entry to 3-, 6-, and 12-month assessments. For example, the Substance Abuse Index showed a significant decrease in mean scores from pre-entry to 6-months (1.58 vs. 0.26, respectively).



## Criminal Justice Involvement

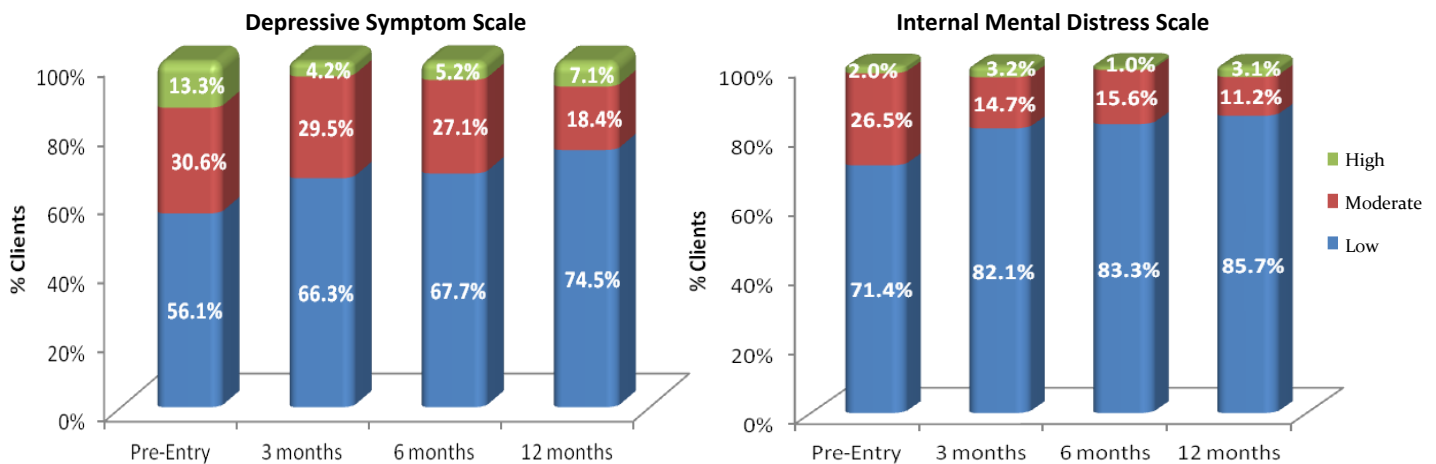


The General Crime and Drug Crime Scales are measures of criminal behavior, with higher scores indicating more involvement in illegal activities. There were statistically significant decreases in mean scores comparing pre-entry scores to 3-, 6-, and 12-month scores for both scales. For example, from pre-entry to 12-months, there were significant decreases in the General Crime Scale (2.08 vs. 0.10), and Drug Crime Scale (0.94 vs. 0.07) mean scores.



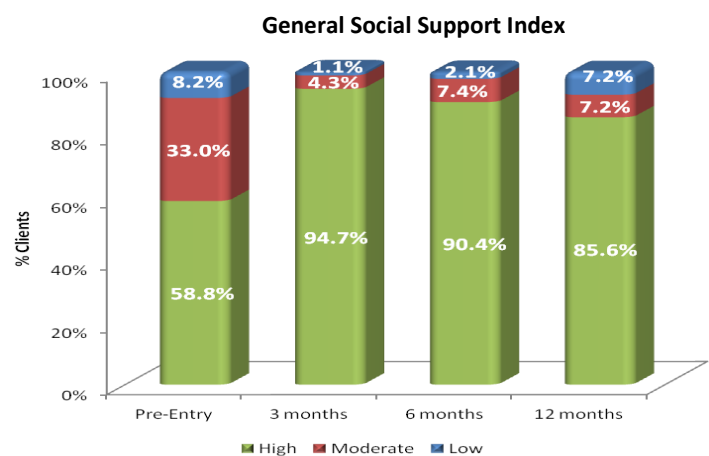
## Mental Health

The Depression Symptom Scale measures depression and somatic symptoms. Higher scores indicate a higher number of reported symptoms of somatic complaints or depression. There was a statistically significant decrease in depressive symptoms from pre-entry to 3-, 6-, and 12-months (pre-entry to 12-month mean scores decreased from 2.07 to 1.20). There were also significant decreases in Internal Mental Distress Scale scores from pre-entry to 3-, 6-, and 12-month follow-ups. Specifically, at pre-entry mean internal mental distress scores were 6.27 compared to 3.37 at 12-months.



## Social Connectedness/Support

Social connectedness was defined as clients' perception of social support from significant others, and measured with the General Social Support Index. Higher scores on this scale reflect greater perception of social support/connectedness. There were statistically significant increases in mean social support scores from pre-entry to 3-, 6-, and 12-month assessments. For example, mean social support scores increased from 5.23 at pre-entry to 6.98 at 12-months.



## Individual Client and Program Factors

Client characteristics and Drug Court program factors were examined as predictors of criminal recidivism. Two measures of criminal recidivism included whether clients committed a drug crime in the previous quarter, and whether clients spent a significant amount of time in a controlled environment in the previous quarter.

**Outcomes at 3-months.** At the 3-month assessment, opioids as a clients' primary drug was predictive of committing a drug crime and spending time in a controlled environment in the previous 90 days.

**Outcomes at 6-months.** At the 6-month assessment, gender and opioids as the primary drug were predictive of spending a significant amount of time in a controlled environment in the previous 90 days. Specifically, male gender was predictive of spending time in a controlled environment. Additionally, a higher frequency of urine/breath testing significantly predicted clients' having spent time in a controlled environment at 6-months.

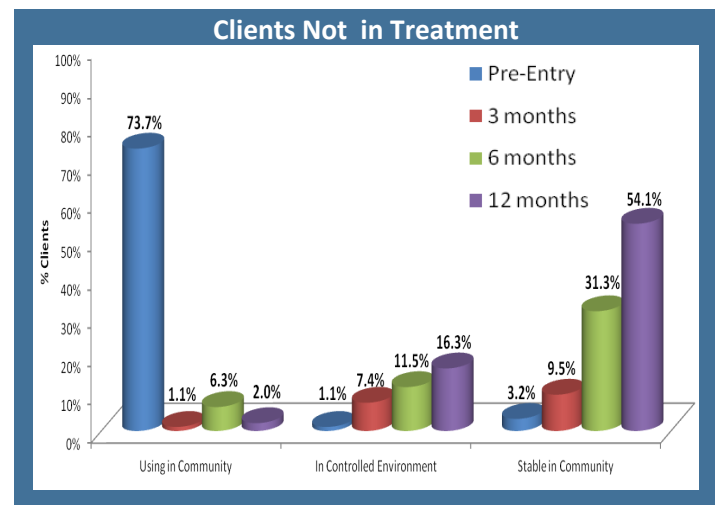
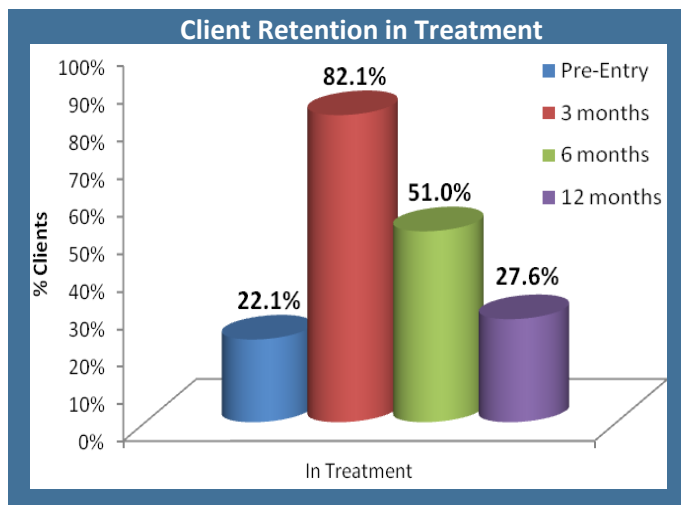
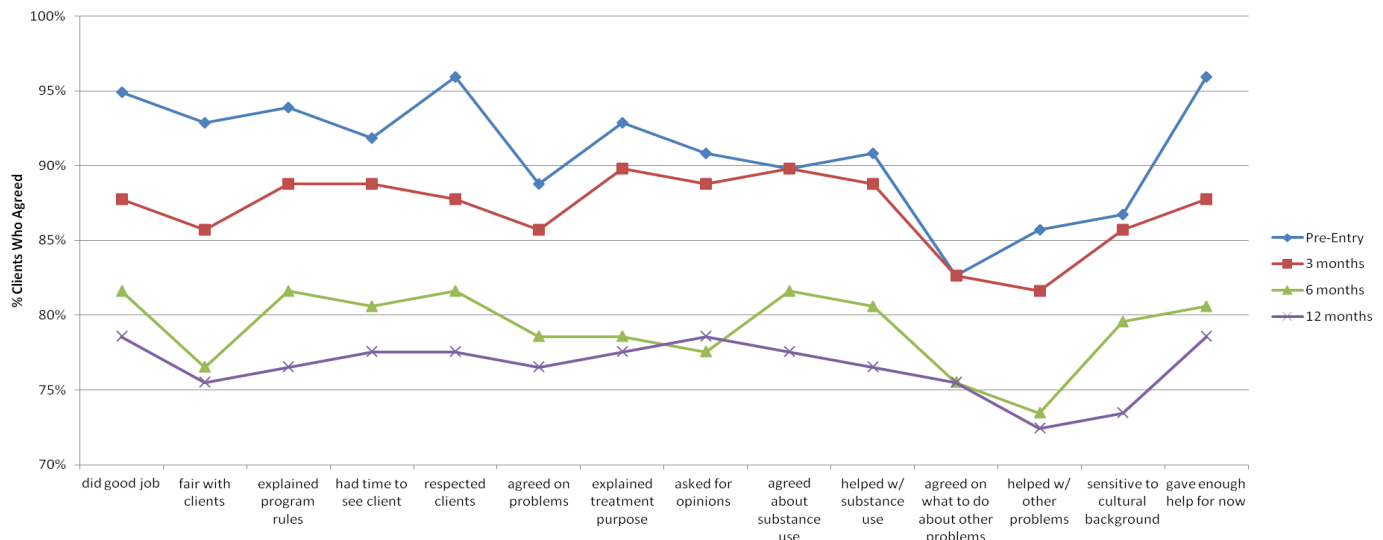
**Outcomes at 12-months.** Younger age and opioid use reported at intake were significant predictors of having committed a drug crime in the 90 days prior to the 12-month assessment. Additionally, male gender, White/Caucasian ethnicity, and opioid use were significant predictors of having spent time in a controlled environment at 12-months.

*Opioid use at intake was related to criminal recidivism at all follow-up assessments*



## Client Treatment Satisfaction

Client treatment satisfaction was completed after the 2nd treatment session (pre-entry) and at each follow-up assessment. Satisfaction was highest at pre-entry, although treatment satisfaction was generally high throughout all assessments. At all follow-ups, the fewest clients agreed that “staff helped with other problems.” Also, fewer clients agreed with the item “staff agreed on what to do about other problems” at 3-months (82.7%), and 6-months (75.5%). However, at all assessments many clients agreed with several items including, staff “did a good job,” and “gave enough help for now.”



## Client Retention in Treatment

The figures above show the percentage of clients who remained in treatment, or who left treatment for various reasons (i.e. using drugs in the community, are in a controlled environment such as jail or prison, or are stable in the community). At pre-entry the majority of clients were using in the community (73.7%), or in treatment (22.1%). At both 3-month and 6-month assessments, most clients were in treatment (82.1% and 51.0%, respectively). At each follow-up assessment, there was a slight increase in the proportion of clients using in the community, in a controlled environment, or stable in the community. However, at the 12-month assessment almost all clients were either stable in the community (54.1%) or continuing treatment (27.6%).

The HEALTH SERVICES RESEARCH CENTER at University of California, San Diego is a non-profit research organization within the Department of Family and Preventive Medicine. HSRC works in collaboration with the Performance Outcomes and Quality Improvement Unit of San Diego County Mental Health Services to evaluate and improve mental health outcomes for County residents. Our research team specializes in the measurement, collection and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life. For more information about HSRC please contact Andrew Sarkin, PhD at 858-622-1771.

